

Graduation Plan

Master of Science Architecture, Urbanism & Building Sciences



Graduation Plan: All tracks

Submit your Graduation Plan to the Board of Examiners (Examencommissie-BK@tudelft.nl), Mentors and Delegate of the Board of Examiners one week before P2 at the latest.

The graduation plan consists of at least the following data/segments:

Personal information	
Name	Hibbe Amema
Student number	4455398

Studio		
Name / Theme	Explore Lab	
Main mentor	Leontine de Wit	Methods & Matter
Second mentor	Jan van der Voort	Building Technology
Third mentor (Research)	Cor Wagenaar & Milee Herweijer (external)	History & Complexity
Argumentation of choice of the studio	<p>My fascination is driven by my interest in health and the healing environment in relation to architecture and human bodies. I believe that an architect should be aware of the impact of architecture on the mental and physical health of its users, as we are all constantly surrounded by architecture in our lives. Architecture has a great impact on our lives and therefore also our minds and our bodies, especially when we are in a vulnerable state. Architecture can make us feel negative emotions and feelings and therefore also positive emotions and feelings. In pursuing this fascination as my graduation topic, Explore Lab is a suitable studio that offers this possibility while being inspired by the diverse fascinations and topics of fellow Explore Lab students.</p>	

Graduation project	
Title of the graduation project	Mental Wellbeing & Space
Goal	
Location:	Den Haag 52.06732403226666,4.2948047441604835
The posed problem,	<p>Research and statistics state that there is a demand for support on mental health & wellbeing for dislocated people in the Netherlands. After an exhausting timeframe of migration caused by forced dislocation, refugees applying for asylum will spend an adequate amount of time in the asylum until their request is processed.</p> <p>Support is provided for this group throughout the integration process on different levels and scales. However, statistics show a</p>

	<p>higher risk on a decreased mental wellbeing and mental disorders in this group in comparison to the average Dutch population (Pharos, 2017). It can be stated that the importance of suitable support stretches beyond housing, safety and security. Physical and mental wellbeing determine the person's quality of life and suitable support should cover these important elements to promote a better quality of life.</p> <p>Unsuitable and insufficient support at crucial moments in the procedure of settling down can lead to large groups of people in the Dutch population risking (long-term) mental health issues such as depression, anxiety, trauma, post-traumatic stress disorder (PTSD) and in the worst-case suicide (Pharos, 2017).</p> <p>Treatment on mental disorders is difficultly reached by this group caused by barriers in information, access and availability. This lack of support on mental health and preventative facilities causes a higher risk on the deterioration of symptoms of a decreased mental wellbeing and mental disorders.</p> <p>Healthcare architecture is known due to its effects on physical wellbeing by affecting psychological stressors that could cause depression, anxiety or stress on patients.</p> <p>Therefore, relating the fields of healthcare architecture, psychology in relation to mental health & wellbeing of dislocated people is a valuable asset in relation to the described problem.</p> <p>The aim of this research is to analyze the extents to which architecture can intervene in supporting mental health and promote good mental wellbeing for dislocated newcomers with an accepted citizenship status.</p>
<p>research questions and</p>	<p>The framework for the research results in the following research question:</p> <p><i>“ What spatial architectural and architectonic elements define a space for mental health and wellbeing after dislocation for newly accepted Dutch citizens in offering supporting prevention and treatment? ”</i></p> <p>In answering the main research question, the research will be supported by sub-questions.</p> <ul style="list-style-type: none"> a) <i>What are the risks and effects of affected mental wellbeing of dislocated people on daily life?</i> b) <i>What obstacles of integration could affect a decreased mental wellbeing after dislocation?</i> c) <i>What architectural spaces in the integration process of accepted newcomers could heal and support a healthy mental wellbeing for dislocated people?</i> d) <i>What architectonic elements provide relief on the effects of dislocation on mental health and wellbeing?</i>

<p>design assignment in which these result.</p>	<p>In relation to the target group (dislocated people with an accepted citizenship status) and problem statement (a higher risk on decreased mental health & wellbeing after dislocation), this research will analyze the needs and the required spatial execution in architectural elements for mental wellbeing. Healthcare architecture, human centered and evidence-based design are acknowledged design approaches with successful executions. Architectural design can it offers the conditions for healing through behavioral and emotional engagement that support the process of healing (DuBose et al., 2016).</p> <p>This results in a demand on designing a space for mental health and wellbeing after dislocation.</p> <p>A thorough analysis on newcomers in the Netherlands displays a national distribution on the assigned housing for newcomers. The results showed Schildersbuurt and Transvaalkwartier, The Hague as an area in which the design can be located. This is based upon the demographics of the location in density and social structure.</p> <p>The design assessment will result in a design for a space for mental health and wellbeing after dislocation on a neighborhood level. The architectural spaces and architectonic elements are analyzed in the research and the execution is the next step in which the design will be supported by the research.</p>
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Process

Method description

A thorough literature research and case studies analysis on the topics of mental disorders, dislocation and architecture for mental health and wellbeing. will support answering the research questions of this research. This will be followed by conclusions derived from the obtained information and executed analysis.

The literature research will provide a framework for the first part of the research concerning the context and the more interdisciplinary topics of mental health, disorders and wellbeing and involuntary dislocation and dislocated people.

International and national Dutch reports on asylum seekers, refugees, newcomers concerning mental health and wellbeing will be studied. For example, the website of the National Health service (NHS) is consulted on accessible descriptions of the common mental disorders described in the reports. Renos K. Papadopoulos provides *Involuntary Dislocation: Home, Trauma, Resilience, and Adversity-Activated Development*, a guide on the psychological impact of this topic. These examples and the literature consulted, allow analyzing and understanding the interdisciplinary elements of this topic to a certain extent within the frame of my architectural understanding.

The specific literature on this topic is often outside the realm of architecture and the built environment. Therefore, as well literature on healthcare architecture and healing spaces for

physical health will be studied as these topics touch upon the mental healing environment and therefore support answering the research question.

The literature research will be documented and the findings into spatial architectural design elements. Hereby architectural interventions, spaces and architectonic elements on prevention and treatment for mental health and wellbeing will gain understanding in practical design elaborations. This will be supported by case studies to provide examples on possible executions of these design elements and further understanding on the architectural execution on answering the research question. Analysis of several case studies whom are picked carefully in their relation to the research, will provide an overview on the findings in relation to the research.

The case study research will be continued further in continuation of the design process. This will aid the designing process and expand the research and case study documentation. Site visits, models (physical and digital) will aid the designing process.

Literature and general practical preference

The methodology described literature and case studies for the research.

The orientation on literature research started with creating a stance and awareness on the role of the architect concerning this topic. *From object to experience* by H. F. Mallgrave and *Architecture and Empathy* by Pallasmaa are two examples of the literature that inspired the theoretical basis on the importance of this topic on a scientific level.

For the research itself and in answering the posed research questions, international and national Dutch reports on asylum seekers, refugees, newcomers concerning mental health and wellbeing will be studied. For example, the website of the National Health service (NHS) is consulted on accessible descriptions of the common mental disorders described in the reports. Pharos (2017) provides specific statistics and descriptions concerning dislocated people in The Netherlands.

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As well as literature on topics with overlapping architecture and trauma for example. These are studies concerning veterans or domestic violence victims for example.

Scientific research papers such as *Stresses Spaces: Mental Health and Architecture* (Connelan, et al., 2013) aided finding specific information on the topics related to architecture. Knowing what to look for was supported by the theoretical framework on mental health and wellbeing, defined at the beginning of the research. As well as being able to translate certain non-architectural implementations into architectural and architectonic elements.

The case studies are selected on the scale (neighborhood-level) and healing environments with a focus on care for mental and physical wellbeing. Precedents that have been consulted are the Maggie's Centers (For example, West London), Day care centers for elderly (Blancafort) or communal centers for less represented groups in societies. Even though these are not specifically overlapping with the topic, the themes executed in these projects allow valuable design principles and elements in executing care for mental health and wellbeing after dislocation. Architectural spaces and elements that came forwards from the literature research allow a more specified search and consultation related to the case studies. Therefore, also other typologies and spaces have been consulted such as the Meditation space designed by Tadao Ando (Paris), a pavilion, providing insights on spaces for rest in favor of mental health.

Reflection

1. What is the relation between your graduation (project) topic, the studio topic (if applicable), your master track (A,U,BT,LA,MBE), and your master programme (MSc AUBS)?

The research and design assessment of this graduation project aims to support the field of architecture by providing knowledge on the development of our built environment. The role of architecture is to find spatial solution on social and less tactile problems within human life and society. In the Master track of architecture, we are taught to relate scientific research and results to design processes. Consulting interdisciplinary research and connecting it to spatial architectural interventions and solutions is an important factor in adding valuable knowledge

to the field. Diving further into familiar topics within the field of architecture can offer new connections, insights and perspectives into our own field of architecture.

2. What is the relevance of your graduation work in the larger social, professional and scientific framework.

The interdisciplinarity of this project offers a valuable professional and scientific scope on the proposed problem statement. The project can offer a definition on the stance and approach towards spatial solutions on mental health & wellbeing after dislocation. The project aims to inspire the general importance of mental health & wellbeing as well and the role of the built environment. The problem statement defines an issue that crosses several fields within society and social structures. The specific specialized definition of this project adds a valuable understanding within the field of architecture and the built environment and aims to inspire further research and projects enriching the quality of life through architecture.

Sources:

DuBose, J., MacAllister, L., Hadi, K., & Sakallaris, B. (2016). Exploring the Concept of Healing Spaces. *HERD: Health Environments Research & Design Journal*, 11(1), 43–56.

Pharos. (2016, januari). *Kennissynthese gezondheid van nieuwkomende vluchtelingen en indicaties voor zorg, preventie en ondersteuning*. Pharos Expertisecentrum Gezondheidsverschillen.

UNICEF. (2021). *Monitor: leefomstandigheden van kinderen in de asielopvang*. Werkgroep kind in AZC. https://www.unicef.nl/files/Rapport%20Kind%20in%20azc_mei2021.pdf